

CITY OF GLENDALE — BUILDING AND SAFETY 633 E. Broadway Rm. 101, Glendale, Ca 91206 (818) 548-3200 fax (818) 548-3215

## Application for Temporary Certificate of Occupancy

Required information Pla	ease Print in ink o	r туре						
BUILDING PERMIT NO.				втсо	No.			
PROJECT ADDRESS, CITY AND ZIP								
DESCRIBE REASON FOR REQUEST:								
APPLICANT'S NAME:			MAILING ADDI	RESS:			PHONE NUMBER:	
APPLICANT'S E-MAIL ADDRESS:								
OWNER'S NAME:			MAILING ADDI	RESS: DAYTIME PHONE NUMBER:				
OWNER'S E-MAIL ADDRESS:								
IF NEW STRUCTURE; Please pro	vide a current mail	ing address & owner.	:					
Request is for:	Fixtures	Only	Genera	al Occupan	cv	Partial (Provide 8½	½ x 11 plan showing portion of buildir	ıg)
,	=	ection		ng / Trainin	_	,	·····	. J.
ENTIRE BUILDING DESC		_	_	_	-	N TO BE OCCUPIE	D	
Type:					Occ. Load:	_		
Occupancy		Size:		Suite #			Occ. Load:	_
Occupancy Load:					nell ONLY:			
Occupancy Loda.				Other:				
				Other.			Occ. Load:	—
I understand that inspe and I certify that:	ctions related	to a temporary	certificate	of occupa	ncy are not relat	ed to the final ins	spections of the building	
_								
	ss initialed by ins		lad in and t	o the space	as to be assumice	d under this reque	est and will be maintained.	
2 All fire sensitive							st and will be maintained.	
3 All existing fire		• •	•	-				
	•		-			will be maintained.		
		•		•		c.) and will be main		
6 All public work						,		
' '	,	,						
			_	Sic	nature of Applicar	nt .	Date	
		ILIST ATTACH	A COPY OF		DING INSPECTI			
		OSI ATTACITA		FICIAL USI				
			TOROT	I ICIAL OSI	LONLI		al fees may be assessed based	ł
Hourly Rate	<u>Estimate</u>	ed Hours		Fee Estimat	<u>:e</u>	on the	complexity of the request.	
OK TO SUBMIT		SIGNATURE	DATE		ACCEPTED BY:	DATE	RECEIPT NO.	
		<del></del>					The state of	
BOND REQUIRED:	☐ Yes ☐		:	Uses			Distribution:	
		Occ.		_			Owner Fire	
AMOUNT:		<u></u>		_			Applicant D Other	
				_			☐ Inspector	
DESCRIPTION								
		# Stories	<b>.</b>	# S	ub-Levels:			

(SEE REVERSE FOR CONDITIONS OF ACCEPTANCE)

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## **CONDITIONS OF TEMPORARY OCCUPANCY**

ııldıng permit no <u>.                                    </u>				BIG	CO no.	
JILDING:						
RE:						
IGINEERING:						
ANNING:						
Department Action: In acc	cordance	with C	Chapte	Section 110.3 or 110.4 the reques	t is granted in as much as the Building C	Official finds
that no substantial hazard w	III exist tre	om tne	e remp	ry Occupancy.		
Division Concurrence	Yes	No	N/A	Print Name	Sign Name	
Building Inspector						
Electrical	$\perp$					
Plumbing	-					
Heating & A/C Disabled Access						
Fire Division						
	+					
P W Engineering			1			
P.W. Engineering Grading						
P.W. Engineering Grading					I	

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## Temporary Certificate of Occupancy Agreement

Building permit no.	BTCO no.
Section 111.3 Volume IA of the Glendale Building and Safet the Building Official to allow the occupancy of a building or covered by a building permit issued by the City of Glendale the structure can be safely occupied.	portion thereof prior to completion of all work
As part of the official review of all applications, the Buildin owner of the property or their attorney to sign this agreem Temporary Certificate of Occupancy.	<del>-</del>
Project Address:	
Proposed Completion Date of Construction:	
Acknowledgement	Owner
I certify I am the owner of, or attorney for the above reference following:	ed property and I understand and agree to the
1. The building under construction is not fully in complia	ance with the City of Glendale building code.
<ol><li>If the work needed to final the permit is not comple Certificate of Occupancy, the building will be vacated un of Occupancy has been filed, paid for and inspections an date of this action.</li></ol>	nless an extension of the Temporary Certificate
3. I, as owner, will be responsible for all enforcement and v	acation costs, if needed.
<ol> <li>I understand that non-compliance will be a violation in the Glendale Building and Safety Code.</li> </ol>	accordance with section A114.4 Volume IA of
Owner's Printed Name:	
Owner's Signature:	Date:
Or.	
Attorney's Printed Name:	
Attorney's Signature:	Date:

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